


# Medication Return for Disposal or Redistribution

 <b>TEXAS</b> Health and Human Services	Date:
	Location Code:
	Location Name:
	Location Address:
	Infectious Disease Prevention Section Pharmacy Branch
	Contact Phone:

ITEAMS Patient ID# or NDC#	Dispense Date	Drug Name	Strength	Manufacturer	Lot	Exp Date	Qty	Action*

**THIS SECTION TO BE FILLED OUT BY THE DSHS PHARMACY BRANCH:**

<b>Return medications to:</b> <b>DSHS Pharmacy Warehouse</b> <b>Attn: DSHS Pharmacy Branch</b> <b>1100 W. 49<sup>th</sup> Street</b> <b>Austin, TX 78756</b>	<b>*Action Column to be filled out by DSHS Pharmacy Branch</b>	
	D= Damaged E= Expired R= Recalled	I= Incinerated V= Returned to Vendor S= Return to Stock